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COMM. OF ELECTIONS
2006 OCT 31 A 10:36

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: GOPAC DELAWARE

Account Number: 110336

Date of this Report: 10/30/06

REPORTING PERIOD: FROM: 10/10/06 TO: 10/30/06

Check the box that applies to this report:

Primary Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
General Election	<input checked="" type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Other Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Special Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY

Office:

N/A

Year End Report ☐ Final Organization Closing ☐

Closing Date: _____

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Tony Mor
TREASURER SIGNATURE

10-30-06
DATE

CANDIDATE SIGNATURE

DATE



STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: 110336

REPORTING PERIOD: 10/10/06 10/30/06
FROM TO

- | | |
|--|--------------|
| 1. BEGINNING BALANCE
(Close Out Balance from last reporting period) | <u>200.</u> |
| 2. RECEIPTS: | |
| A. SCHEDULE A – TOTAL RECEIPTS | <u>1800.</u> |
| B. SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS | <u>0</u> |
| C. SCHEDULE D-1 – TOTAL LOANS RECEIVED | <u>0</u> |
| D. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVED | <u>0</u> |
| E. SUBTOTAL (Total of A, B, C, D) | <u>1800.</u> |
| 3. EXPENDITURES: | |
| F. SCHEDULE B – TOTAL EXPENDITURES | <u>1800.</u> |
| G. SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES | <u>0</u> |
| H. SCHEDULE D-2 – TOTAL LOAN PAYMENTS | <u>0</u> |
| I. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID | <u>0</u> |
| J. SUBTOTAL (Total of F, G, H, I) | <u>1800.</u> |
| 4. ENDING BALANCE
(Beginning Balance plus 2E, minus 3J) | <u>200.</u> |
| 5. VALUE OF NON-CASH ASSETS (From Schedule F) | <u>0</u> |
| 6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G) | <u>0</u> |
| 7. VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2) | <u>0</u> |
| 8. CLOSE OUT BALANCE (Must equal zero if Committee closed) | <u>200.</u> |



TO 10/30/06

All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50:

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REPORTING PERIOD: 10/10/06 10/30/06

LOANS IN EXCESS OF \$50:Page 8 of 11



SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #: 110336

REPORTING PERIOD: 10/10/06 10/30/06
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED					0
(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID					0
(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)					

